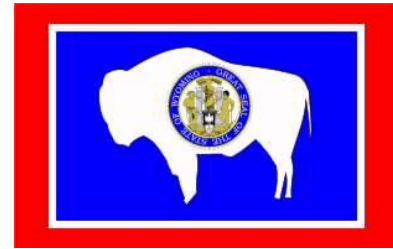


ATTACHMENT H

INTRODUCTION

The need for comprehensive suicide prevention in Wyoming has never been greater. For two decades, Wyoming's per capita suicide rates have ranked among the worst in the country. For the last two years, Wyoming led the fifty states with overall suicide rates for all residents more than double the national average. With both youth and elderly suicide rates in Wyoming higher than any other state in the continental United States, the need for comprehensive and coordinated statewide suicide prevention planning and programming cannot be understated.

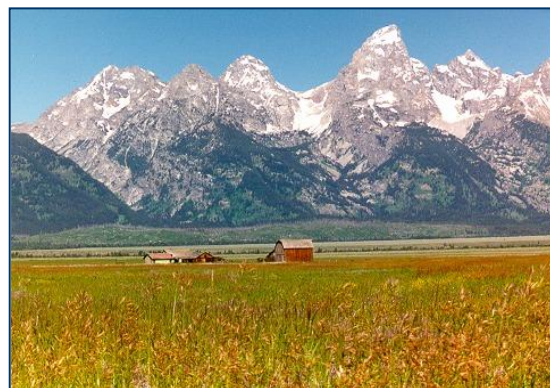


The State of Wyoming Suicide Prevention Task Force exists to confront the serious public health problems associated with suicide. In August 2006, the task force convened for a two-day strategic planning retreat in Lander, Wyoming. One of the most important outcomes of that retreat was the development of a five-year strategic plan for reducing the incidence of suicide and suicidal behaviors by Wyoming residents. The framework for prevention set forth in the following pages provides an overarching vision of suicide prevention in the State of Wyoming over the next five years.

This vision represents a collective belief among the State Suicide Prevention Task Force that suicide is largely preventable, that mental illness should not be a death sentence, and that we have an obligation to create a safer and more compassionate environment for our fellow citizens who may feel that life has nothing left to offer them. Planning and vision alone – no matter how foresighted or well-meaning – will not save lives. Action and hard work will. For that reason, this strategic plan establishes series of specific goals and measurable objectives designed to help protect those at risk of self-harm.

VISION STATEMENT

Members of the Wyoming Suicide Prevention Task Force share a collective vision of a State that provides all its residents with timely access to mental health services without regard to age, race or income. An integral component of this vision is the fundamental principle that those who are most at risk for suicide deserve our hope, compassion and understanding rather than society's stigmatization. Realization of this vision requires a paradigm shift in a culture that too often portrays mental illness and suicidality as weaknesses of character rather than diagnosable conditions that can and should be timely assessed and appropriately treated.



SUICIDE – A SILENT EPIDEMIC

Suicide is a national public-health problem that affects men and women of all ages, abilities and racial backgrounds. Overall the 11th leading cause of death in the United States, suicide claims the lives of more than 30,000 of its citizens each year. Assuming each suicide death intimately affects the lives of at least six surviving family members and friends, at least 4.5 million Americans are now survivors of suicide. One of every 65 persons living in this country has lost a close loved one to suicide. For every suicide death, there are an estimated 25 non-lethal suicide attempts – 787,000 non-lethal attempts nationwide in 2003 alone. Because of societal taboos and cultural prejudices surrounding mental illness, suicide has been called the nation's "silent epidemic."

Despite advances in the science of suicidality and ongoing education and awareness efforts, suicide remains a difficult subject for many members of the general public. Surviving family members and friends, as well as suicide attempt survivors, often face stigma that still surrounds mental illness and suicidality. Because of the guilt and shame associated with suicidal behaviors, self-inflicted deaths and injuries are vastly underreported in this country, particularly in rural America.

QUICK FACTS ABOUT SUICIDE IN AMERICA

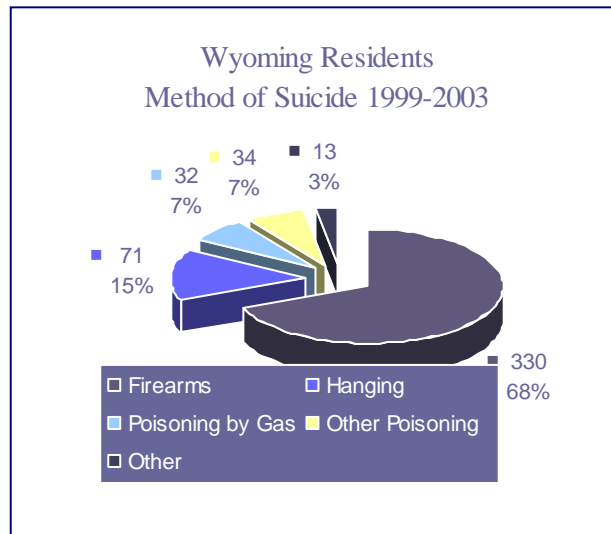
- Suicide takes the lives of more than 30,000 Americans each year
- Youth suicide rates have tripled in the last fifty years
- Men are four times more likely to die by suicide than women
- Suicide has ranked among the ten leading causes of death since 1975
- For every two homicides there are three suicide
- Firearms account for six out of ten deaths by suicide
- More than half of all suicides are men aged 25-65
- 75% of elderly suicide victims saw their doctor in the month prior to their death
- For every death by suicide, five persons are hospitalized and 22 others seek emergency treatment
- More young people die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, influenza, lung disease, and pneumonia **combined**

Source: National Strategy for Suicide Prevention

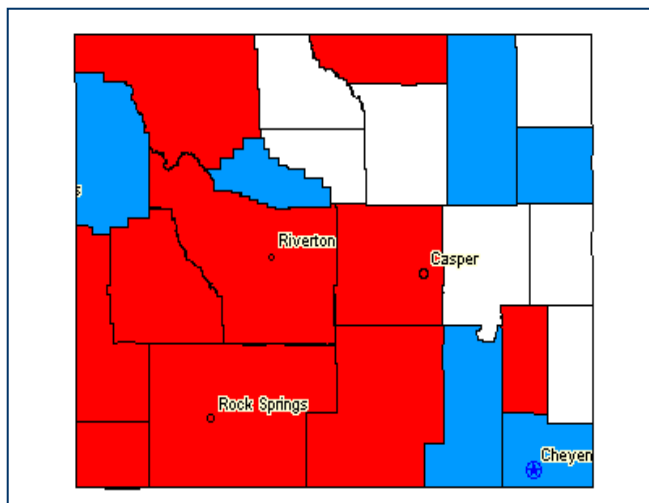
As referenced above, for the last two years Wyoming has ranked first nationally in the per capita rate of deaths by suicide. In 2003, Wyoming led the country with a suicide rate of 21.8 deaths per 100,000 persons – 11% higher than the second-ranking state that year and more than double the national average of 10.8. In 2002, Wyoming was first among all states with a rate of 21.1, moving up from 4th place in 2001 and 5th place in 2000. These recent statistics are not a new trend for the State. From 1990 to 1999, Wyoming had an overall ranking for the decade of second in the nation in suicide deaths per capita, with annual rates ranging from 17.1 to 22.5 per 100,000 population. Since 1990, the State has never ranked lower than 6th nationally for suicide deaths. For the period 1999-2002, Wyoming males completed 82% of all suicides, with an average suicide rate of 32.4 per 100,000 population. Suicide was the 6th leading cause of

death for men for the years studied. With an annual suicide rate of 7.3 per 100,000 persons, women accounted for 18% of suicides in Wyoming in 1999-2002.

In Wyoming, 61% of suicide attempts requiring hospitalization are by women, with an average rate of 111.4 per 100,000. Use of a gun is by far the most common method of suicide in Wyoming, accounting for 69% of all suicides in 1999-2002. The preference for firearms is consistent with prevailing cultural norms and Wyoming's nation-leading rate of household gun ownership (62.8%). While guns are purchased for hunting or self-protection, 83% of all firearms deaths in the home are suicides – often by someone other than the gun owner.



The costs associated with suicidal behavior are substantial. Each Wyoming suicide death results in medical expenses of \$4,020 and work losses of \$1,220,760. When multiplied by 92 average annual suicides, total losses to the State equal \$112,679,760 per year. Each hospitalized suicide attempt results in medical expenses of \$8,256 and work losses of \$3,952. When multiplied by the annual number of hospitalized attempts, State costs for hospitalized suicide attempts equal \$5,139,568. Wyoming's annual financial losses from completed and attempted suicide are \$117,819,328 – about \$231 for each State resident.



All areas of Wyoming are directly impacted by the effects of suicide. Counties with consistently high suicide rates (more than 20.0 persons per 100,000 population) in the past five years include: Big Horn, Carbon, Converse, Crook, Fremont, Hot Springs, Natrona, Park, Platte, Sheridan, Sweetwater, Uinta and Washakie. In the adjacent chart, counties in red reflect a suicide rate at or above the 90th percentile nationally; those in blue are at or above the 75th percentile nationally.



Suicide and Youth

Youth suicide is an especially pernicious problem in the United States, where an average of one young person is lost to suicide every two hours. In 2003, more than 4,000 American youth under the age of 25 took their own lives. This resulted in a national youth suicide rate of 9.7 per 100,000 population, lower than the combined rate for all ages (10.8) and the elderly rate (16.0). Nationally, youth suicide is the third leading cause of death for youth aged 15-24, with only unintentional injury and homicide taking more young lives.

Although youth suicide rates tend to be less than those of other age groups, lower youth mortality rates heighten the impact of suicide on the young. Youth suicide rates vary substantially by gender and race. The overwhelming majority of youth suicides are completed by males (84.8%) and by whites (83.2%). In 2003, white males accounted for more than 70% of all suicide deaths among youth aged 15-24.



In 2003, Wyoming youth aged 15-24 had a suicide rate of 22.7 per 100,000 population, second only to Alaska. Suicide is the second leading cause of death for Wyoming youth aged 15-24, second only to deaths resulting from unintentional injury. In 2003, suicide was responsible for 24.7% of all deaths among youth aged 15-24 – more than homicide, malignant neoplasms and all other diseases *combined*. Official records reflect that 94 youth aged 10-24

completed suicide in Wyoming between 1999 and 2003. The highest rates of completed youth suicide in Wyoming were among Native American males. Anecdotal reports from county suicide prevention coalitions and local stakeholders suggest the actual number of suicides by Wyoming youth may be higher than the official count. Recent research confirms that adolescent suicides may be underreported by as much as 300% in rural areas such as Wyoming. The average medical cost of completed and attempted suicides by Wyoming youths ages 15-19 is more than \$6,000 per incident.

Older Adults and Suicide

Older adults (age 65+) statistically have the highest suicide rate of any age group in the United States and Wyoming. About 17 older Americans take their own lives each day (more than 6200 suicides per year). Older men account for about 85% of suicides among all persons aged 65 years and older; indeed, the elderly male suicide rate is 7.6 times the elderly female suicide rate. Nationally, suicide among white males aged 85 and older is nearly six times the overall suicide rate. In 2003, the suicide rate among Wyoming's older adults was 31.7 per 100,000 population – the 2nd highest rate in the nation.



Suicide is the 15th leading cause of death for older adults in Wyoming, accounting for about 20% of all suicide deaths. Between 1999-2003, Wyomingites aged 65 and older were lost to suicide; 93% of these self-inflicted death were by men. The most common means of suicide among the elderly is use of a firearm (95% of 2003 suicides). Overall suicide rate for older Wyoming men was 65 per 100,000 – more than triple the suicide rate for all Wyomingites and six times the average national rate among all ages. The suicide rate for Wyoming men 85 years and older was 123 deaths per 100,000, higher than any other state in the nation.

Suicide in Our Native American Community

The Wind River Reservation is the only Indian Reservation in the State of Wyoming. Located in west central Wyoming, the reservation is named after the scenic Wind River Canyon and is the third largest reservation in the nation, encompassing 3,500 square miles and 2.3 million acres. The Wind River Reservation is home to some 2,500 Eastern Shoshone and more than 5,000 Northern Arapaho Indians. Like many reservations in the United States, the Wind River Reservation experiences higher than average rates of violent crime, poverty, alcoholism and drug abuse, unemployment, high-school dropouts, teen pregnancy, domestic violence and divorce. The reservation also is characterized by historically high rates of suicide, particularly among young Native American males. The most notable incidence of suicide on the Reservation occurred in fall 1985, when ten young Native American men between the ages of 14 and 25 completed suicide by hanging in the span of some two months.

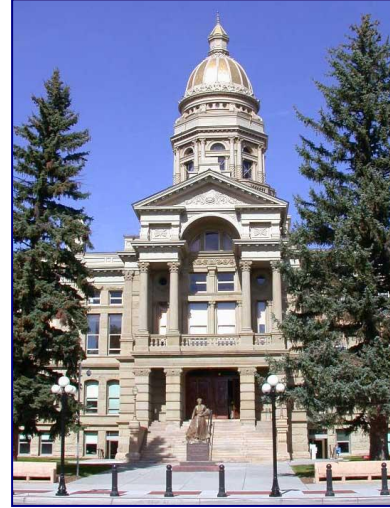


5-YEAR SUICIDE RATES OF WHITE AND NATIVE AMERICAN YOUTH IN WYOMING (1999-2003)			
Age Group	Sex	Race	Crude Rate
10-14 (6 deaths)	Males	White	4.41
		Native American	29.44
	Females	White	1.17
		Native American	0.00
15-19 (40 deaths)	Males	White	30.44
		Native American	89.71
	Females	White	4.20
		Native American	33.78
20-24 (48 deaths)	Males	White	43.08
		Native American	77.37
	Females	White	9.91
		Native American	0.00
TOTAL (94 Deaths)			16.42

Of all ethnic groups, Native Americans have the highest suicide rates among youth aged 10-24, with Native American males in this age group 1.5 to 3 times more likely to die by suicide than their same-age male counterparts in other groups. As illustrated in the adjacent chart, the highest rates of completed youth suicide for the five-year period 1999-2003 in Wyoming were among Native American males.

HISTORY OF STATE SUICIDE PREVENTION EFFORTS

The Wyoming Department of Health is the state agency responsible for providing health-related prevention services for the State of Wyoming. The Department's primary approach in solving major health problems such as suicide is through application of the public health approach to prevention. The WDH has engaged the area of suicide prevention since 1993, with the formation of a State Suicide Prevention Task Force through the Maternal and Child Health Division (now the Community and Family Health Division). Today, the State Task Force is composed of more than twenty-five members representing a broad range of stakeholders from across the state. The State Task Force serves in an advisory capacity for the State Suicide Prevention Initiative, and works closely with the Department of Health in planning and implementing suicide prevention activities in Wyoming.



The Mental Health Division within WDH has led the state's suicide prevention since 1998, when it partnered with the State Task Force to develop Wyoming's first state suicide prevention plan. Modeled after the National Strategy for Suicide Prevention and other state plans, the Wyoming State Suicide Prevention plan contains three overarching goals – awareness, intervention, and methodology. Within each of these goals are specific objectives and methods for achieving the goal. Since that time, the suicide prevention plan has been developed and revised annually, fifteen community coalitions have been funded, four major conferences have been provided, and multiple training events and educational presentations have been provided.

Suicide Prevention Legislation

The Wyoming State Legislature, in 2005, established and appropriated funding for the Wyoming Suicide Prevention Initiative, including full-time, designated staff. The suicide prevention statute is codified at W.S. 9-2-102(a)(v). The statute requires WDH to establish a statewide suicide prevention program that includes the following components:

- (A) A statewide written plan adopted by WDH following at least one statewide public meeting of interested persons and entities;
- (B) Assistance to local communities in the development and maintenance of suicide prevention coalitions;
- (C) Consultation, technical assistance and training to state and local agencies, organizations and professional groups;
- (D) Maintenance of a library of suicide prevention materials and information which shall include copies of or links to Cochrane Collaboration systematic reviews or other similar sources relevant to this subject; and
- (E) Collection and dissemination of information regarding best practices for suicide prevention and intervention.

The hiring of the Suicide Prevention Program Manager substantially has increased state efforts in building community coalitions, expanded collaboration with schools statewide, and increased attention and visibility of suicide activities. Since its establishment in 2005, the Wyoming Suicide Prevention Initiative state has accomplished the following:

- Obtained \$1.2 million federal youth suicide prevention grant
- Provided Suicide Prevention Core Competencies training to local coalitions
- Conducted statewide school-based suicide prevention outreach
- Distributed suicide prevention survey to school administrators
- Drafted Wyoming Youth Suicide Prevention Manual
- Increased local suicide prevention task forces from 9 to 16
- Maintained and updated suicide prevention website
- Formed Wind River Native American INSPIRE Initiative
- Expanded suicide prevention network of partners & stakeholders
- Published and circulated quarterly suicide prevention newsletter
- Increased suicide prevention library to 1,000+ materials
- Governor issued suicide awareness and prevention proclamations
- Increased public awareness through more than 50 media articles and interviews, public serve announcements, and press releases
- Translated suicide prevention brochures into Spanish
- Conducted State Task Force strategic planning retreat
- Sponsored *Building Bridges to a Better Tomorrow* State Suicide Prevention Conference

Wyoming Youth Suicide Prevention Initiative

To further the State's youth suicide prevention efforts, in May 2006 the Department submitted to the federal Substance Abuse and Mental Health Services Administration an application for funding under the Garrett Lee Smith Memorial Act (GLSMA). Under the GLSMA, states and tribal units may be eligible for federal funding to provide youth suicide prevention programming within their respective jurisdictions. In September 2006, WDH received



notification that its grant application had been approved, thereby establishing the Wyoming Youth Suicide Prevention (WYSP) Initiative. The mission of the WYSP Initiative is to reduce the high rates of suicidality among Wyoming youth aged 10-24. The WYSP Initiative employs a public-health approach to prevention, relying on evidence-based models, best practices and program evaluation. The strategies proposed are consistent with the State Suicide Prevention Plan and build on existing youth suicide prevention efforts and partnerships. The WYSP Initiative has five key objectives: (1) Statewide Coordination and Leadership; (2) School-Based Curricula and Programming; (3) Community-Based Prevention and Early Intervention; (4) Pilot Programs for High-Risk Groups; and (5) Anti-Stigma and Public Awareness.

Wind River INSPIRE Program

To facilitate an integrated approach to Native American suicide prevention efforts in Wyoming, Northern Arapaho and Eastern Shoshone tribal members recently have joined with other stakeholders to form the Wind River **I**ndian **S**uicide **P**revention, **I**ntervention, **R**eferral and **E**ducation (**INSPIRE**) Program. The initiative collaborates with existing and prospective funding sources, tribal and governmental entities, mental health facilities, social service providers, nonprofit agencies, private businesses, volunteer organizations, local residents and others in a coordinated approach to prevent suicidal behavior among Wyoming's Native American residents. The Wind River INSPIRE Program stresses the importance of developing evidence-based suicide prevention programming that is culturally competent and reflective of the unique Native American heritage of both tribal nations. The initiative further recognizes the importance of involving Native American residents of the Wind River Reservation in all facets of suicide prevention program



design, implementation and evaluation. The activities of the Wind River INSPIRE Program are conducted by an oversight panel of stakeholders and parties interested in furthering Native American suicide prevention efforts. The Wind River INSPIRE Oversight Panel undertakes to provide a unified vision for suicide prevention in and around the Wind River Reservation and to facilitate a coordinated and collaborative approach to suicide prevention efforts among divergent programs, initiatives and governmental entities.

STATE TASK FORCE MISSION STATEMENT

The mission of the State of Wyoming Suicide Prevention Task Force is to improve the health and well being of Wyoming individuals, families and communities by reducing suicidal behaviors over the lifespan.

WYOMING'S FIVE-YEAR SUICIDE PREVENTION PLAN

In August 2006, the Suicide Prevention Program Manager facilitated a two-day strategic planning retreat of the State Task Force, which resulted in the identification of the following short-term and long-term goals for the State's suicide prevention initiative:

Public Awareness & Outreach

Increase previous year's suicide prevention education and awareness efforts to include a coordinated statewide public outreach campaign between the State Task Force, Native INSPIRE Program, WYSPAC and all local suicide prevention coalitions during the following events:

- National Youth Suicide Prevention and Awareness Week (September 2007)
- National Suicide Survivors Day (November 2007)

State Task Force Expansion

Expand both State Task Force representation and target audience of public outreach efforts to include local government officials; members of faith-based community; juvenile justice providers and probation/parole officers; DFS field staff; tribal relations staff; suicide-attempt survivors; surviving family members; and Native American social services providers.

Gatekeeper Training

Train four community coalitions per year in QPR gatekeeper and ASIST intervention models.

Native American Prevention

Recognize and support Native American suicide prevention efforts, including continued State Task Force representation on the Wind River Native INSPIRE Oversight Panel.

School-Based Programs

Increase by 10 per year the number of Wyoming high schools and middle schools offering suicide prevention education/training to staff and students.

Local Suicide Prevention Coalitions

Establish one new community coalition per year; have community suicide prevention coalitions in all 23 counties within the next five years.

Primary Care Practice Toolkit

Develop a primary-care provider (PCP) suicide prevention tool kit and distribute toolkit and training to 20 PCPs per year for the next five years.

Gunlocks as Means Restriction

Distribute 1,000 gun locks per year across the state for the next five years.

Screening Tools & Assessment Instruments

Develop screening and assessment instruments for juvenile justice providers, probation and parole agents, primary care physicians, DFS field agents, and school guidance counselors.

Survivor Support Groups

Facilitate the establishment of two new local suicide survivor support groups per year for the next five years.

Suicide Reporting & Data Collection

Establish one pilot site within the next year to provide enhanced data collection and reporting protocols in cases of suspected suicides; collect and evaluate data for a five-year period.

First Responder Training

Identify and provide specialized suicide prevention education and intervention training to two Critical Incident Stress Management Teams per year.

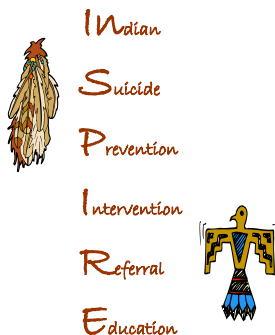
CONCLUSION

For surviving family members, friends and coworkers, the suicide of a loved one is a personal tragedy that can resonate far into the future. Because of the nature of suicide, the grief felt by survivors is often compounded by feelings of anger, shame, confusion and guilt. The Suicide Prevention Task Force has a mission to drastically reduce the number of Wyoming families that ever have to experience the loss of a loved one to suicide. There is considerable hope for fulfilling this mission in the near future. Persuasive scientific evidence confirms that most suicidal acts can be prevented through a public-health approach that combines evidence-based prevention practices with timely intervention strategies and appropriate treatment protocols. This Strategic Plan is an important step in developing such an approach.



Permanently reducing the terrible burden of suicide in Wyoming's local communities will require a long-term and sustained commitment of capital and other resources for the development of a comprehensive and coordinated statewide suicide prevention network. Communities must be provided with the support necessary for them to provide meaningful prevention, intervention and treatment for local residents at-risk of taking their own lives. The Suicide Prevention Task Force believes that the goals and objectives set forth in this plan collectively will serve to raise public awareness about the problem of suicide and reduce the widespread stigma commonly associated with mental illness and suicidality. Only when Wyoming's citizens begin to understand the true nature of suicide and our capacity to prevent it like any other illness, will significant decreases occur in this devastating public health epidemic. Working together we can save lives.

WIND RIVER



INITIATIVE

STATE OF WYOMING SUICIDE PREVENTION PLAN *SAVING ONE LIFE*

